FULL-TIME STUDENT CERTIFICATION FORM

Form to be completed when child is not born to, adopted, or lawfully placed for adoption with employee/pensioner and is:
- unmarried;   - dependent upon employee/pensioner for at least 50%
- over age 18;   support;
- resides with employee/pensioner in a regular   - considered to be your dependent under Section 105 of
  parent-child relationship;   Internal Revenue Code; and
                                                                        - is a full-time student.

EMPLOYEE/PENSIONER INFORMATION (To Be Completed By Employee/Pensioner)			
EMPLOYEE/PENSIONER LAST NAME	EMPLOYEE/PENSIONER FIRST NAME	MI	EMPLOYEE/PENSIONER ID NUMBER

STUDENT INFORMATION (To Be Completed By Employee/Pensioner)		
STUDENT LAST NAME	STUDENT FIRST NAME	MI
The student is: □ Male □ Female	DATE OF BIRTH ____/____/_____	STUDENT SOCIAL SECURITY NUMBER
NAME OF SCHOOL STUDENT IS ATTENDING		
ADDRESS OF SCHOOL	PHONE NUMBER OF SCHOOL ( ) -	
Attach school's enrollment letter, registration, or invoice to document enrollment as a full-time student.	Student is enrolled for: Number of Credit hours: _____	
	EXPECTED END DATE OF FULL-TIME ATTENDANCE?	

TERMS OF AGREEMENT
I certify that:

I certify that:
      1) the statements made above are true and understand that the State of Delaware's Office of Management and Budget reserves the right to recover from me, claim payments made to or on behalf of an ineligible dependent;
      2) Statement of Support has been completed and on file with my HR/Benefits Office;
      3) notice will be provided to HR/Benefits Office should child's status change;
      4) updated form will be provided each school semester; and
      5) eligible child will be provided coverage to end of month which he/she is eligible.

EMPLOYEE/PENSIONER SIGNATURE	DATE

A form must be completed each semester.
A form must be completed for each child.
Employee/Pensioner must sign form.
New form must be completed if information changes.
HR/Benefits Office must maintain original on file.